It is expected that the civil construction work would start by early 2008 and be completed in 2009 (for housing/hostel) and in 2010-11 (for hospital/medical college complex).

Vacancy of Pharmacists

667. SHRI DWIJENDRA NATH SHARMAH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of posts of pharmacists lying vacant in each CGHS homoeopathic dispensaries in Delhi, as on date;

(b) whether Timarpur and Shahadra CGHS homoeopathic dispensaries are running without pharmacists since 1st January, 2006 and 1st January, 2007 respectively;

(c) whether it is a fact that without pharmacist/pharmacist on leave, a class IV employee is distributing the medicines in each dispensary;

(d) whether Government have given any incentive to Class IV employee for distribution of the medicines in the absence of pharmacists; and

(e) if so, the details thereof and if not, the reasons therefor and by when all the vacancies are likely to be filled up?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The total number of posts lying vacant of pharmacist (Homoeopathic) in CGHS Delhi as on date are 7(seven).

(b) Timarpur dispensary running without Homeo Pharmacist since 1.1.2006 and Shahadra dispensary *w.e.f.* 1.5.2007.

(c) and (d) Under provision of Rule 11 of Fundamental Rule, a Government servant is at the disposal of the Government and he/she may be employed in any manner required by the authority, without any claim for additional remuneration.

In the absence of pharmacists, Homoeopathic doctors distribute the medicines to the CGHS beneficiaries with the help of Group 'D' Staff taken in handling the/Stores/ counters. SIU has conducted a study of the staffing norms of Homoeopathic/ Ayurveda dispensaries/units and SIU has fixed the norms as per the average daily attendance. As per this study there is already surplus staff in homoeopathy dispensaries. Moreover, vacant posts are filled up according *to* total vacancy position.

(e) So far as the filling up the vacancies of Homeo Pharmacist is concerned, the action has already been initiated to fill up the vacant posts as approved by the Competent Authority.

AIDS Bill

668. SHRIMATI N.P. DURGA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the salient features of the proposed AIDS Bill;

(b) whether it is going to be introduced in the current session of the Parliament;

(c) whether Government are going to make it mandatory for all young people to undergo AIDS test before they are married as has been proposed by the State of Andhra Pradesh; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The salient features of the HIV/AIDS Bill are given in the Statement *(See* below).

(b) No, Sir. It is still being vetted by the Law Ministry.

(c) No, Sir, as there is no evidence of its utility as a public health measure.

(d) Does not arise.

Statement

The Salient features of the HIV/AIDS Bill 2007

The main objectives of the legislation are to prevent and control the spread of HIV/AIDS and protect the rights of those infected and affected by HIV/AIDS. The main chapters of the law include:

(i) Prohibition of discrimination related to HIV/AIDS within the public and private spheres. This chapter addresses discrimination in employment, education, healthcare, travel, residence, accommodation, insurance etc. It also addresses the issue of hate and discriminatory speech in the HIV context.

(ii) Requirement of informed consent for HIV-related testing, HIV-related treatment and HIV-related research. This chapter statutorises existing standards of informed consent and the exceptions to it.

(iii) Guarantee of confidentiality of HIV-related information (including HIV+ status) and exceptions to it.

(iv) The right to access treatment related to HIV/AIDS as part of the right to health recognized under the Indian Constitution and the International Covenant on Economic, Social, and Cultural Rights to which India is a signatory. The chapter provides for access to comprehensive HIV -related treatment including diagnostics, ARVs, nutritional supplements etc.

(v) The right to a safe working environment for health care workers and other persons whose occupation may put them at risk of exposure to HIV.

(vi) Protection of strategies for risk reduction, which are otherwise subject to criminal sanction under various laws that have severely impeded risk reduction work with sex workers, injecting drug users and men who have sex with men in the past.

(vii) Norms for Information, Education and Communication programmes and materials.

(viii) The creation of innovative implementation mechanisms including institutional grievance redressal machinery, Health Ombudspersons and HIV/AIDS Authorities. This will be supported by Special Procedures to be followed in courts, including suppression of identity, speedy trials and proceedings etc.

(ix) Special provisions for those who are disproportionately affected by the epidemic, particularly women, children and young persons and persons in the care and custody of the State who due to social, economic, legal and other factors find themselves more vulnerable to HIV.

Refusal of treatment to HIV victims

669. SHRI DHARAM PAL SABHARWAL:
SHRI GIREESH KUMAR SANGHI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether is a fact that HIV-infected cases are declining every year;

(b) if so, what are the number of HIV-infected cases reported during the last three years, year-wise;

(c) whether international agencies like National AIDS Control Programme (NACP), USAID and Bill and Melinda Gates Foundations have refused to help HIV infected patients; and

(d) if so, what are the reasons for not providing drugs and financial aids by these agencies?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir. Except in a few pockets, by and large there is no decline. The epidemic has stabilized around 0.36% prevalence level during the last 4 years.

(b) The estimated number of HIV infected persons using the new method of estimation are as follows:

Year	Estimated Number
2004	2.44 million
2005	2.4 7 million
2006	2.47 million

(c) and (d) No, Sir. National AIDS Control Programme is a national programme under the Ministry of Health and Family Welfare. Adequate funds have been allocated for prevention, care and treatment including procurement of drugs. The programme is implemented by State AIDS Control Societies. International organizations and private foundations such as USAID and Bill and Melinda Gates Foundation are supporting NACP-I1I in high prevalence states. Both these organizations provide support for treatment against sexually- transmitted infections and other opportunistic infections. However treatment is provided by the Government of India as a matter of policy.